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An Evaluation of a School-Based Group Intervention for Adolescents

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by

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Abstract

According to the U.S. Department of Health and Human Services (2000), the incidence of child and adolescent mental health problems is a concern because an estimated 5-9% of all children and adolescents struggle with mental health problems. Examination of the mental health needs among children and adolescents is a priority for clinical psychology, and a major goal for researchers and clinicians is to better understand how these needs will be most appropriately addressed. The present study is a program evaluation of a group therapy pilot study that was offered to adolescent students who were placed in an alternative classroom setting within a public middle school as a result of their behavioral and academic struggles. A school setting was used as the venue to offer group therapy to a number of adolescents who otherwise would not have had access to formal mental healthcare services in their home communities. By focusing on primary psychosocial developmental competencies, the group therapy program sought to improve student participants' adaptive functioning and skills while decreasing clinical symptoms. The group was comprised of 6 adolescents (2 females and 4 males), ages 12 to 14 (*M*

= 13, *SD* = 0.89), and in the 7th or 8th grade (3 seventh graders and 3 eighth graders). With the exception of 1 male of Hispanic descent, participants were Caucasian. Participants exhibited mental health issues of a heterogeneous nature. Group therapy sessions were conducted for 6 consecutive weeks and focused on psychosocial developmental competencies based on developmental theoretical models. The Behavior Assessment System, 2nd Edition (BASC-2), was used as a pre- and post-intervention measure. Post assessment also included qualitative interviews with student participants and their alternative school teacher. Research findings support the conclusion that participation in the therapy group had a positive impact on adaptive functioning. However, clinical symptoms, as measured by the BASC-2, did not show improvement at post-intervention assessment. Group therapy offered within a school setting that focuses on primary psychosocial competencies, and which is grounded in developmental theory, may be a potentially effective and valid intervention approach in the treatment of adolescent mental health problems.

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Chapter 1

Introduction

The State of Mental Healthcare for Children and Adolescents

There is a considerable need for intervention and treatment services for many children and adolescents who struggle with mental health problems. The Surgeon General's report on mental health (U.S. Department of Health and Human Services, 2000) emphasized the need to embrace a new outlook and understanding regarding the mental health needs of children and adolescents. The report also challenged providers to widen their perspective as they look for ways to improve the mental health treatment of this vulnerable population. The occurrence of child and adolescent mental health problems is high with the current estimate identified to be that 5-9% of all children and adolescents struggle with mental health problems (U.S. Department of Health and Human Services, 2000). According to Kataoka, Zhang, and Wells (2002), their analysis of three national surveys indicated that nearly 80% of youth ages 6-17 who were in need of mental health services did not receive those services within the previous 12 months. Thus, the gap between mental health problems and access to adequate treatment is significant.

Barriers to Child and Adolescent Mental Healthcare Services

There is a variety of factors related to the access of treatment for children and adolescents (Kataoka et al., 2002). Some of these factors include funding concerns, transportation issues, and information for caregivers relevant to the type of services offered to best meet the needs of their child. These limiting factors have influenced and helped to perpetuate the statistic that

nearly 80% of children and adolescents are unable to receive the care they need (Kataoka et al., 2002).

The tumultuous period of childhood and adolescence is filled with physiological changes as well as psychological, social, and environmental stressors that can exacerbate an already sensitive developmental period. Research during the past several decades has led to the identification of risk factors that have potential influence on the risk for psychopathology among children and adolescents (Greenberg, Domitrovich, & Bumbarger, 2001). Coie et al. (1993) examined empirically based risk factors and placed them into individual and environmental categories. These categories include: (a) constitutional handicaps, (b) skill development delays, (c) emotional difficulties, (d) family circumstances, (e) interpersonal problems, (f) school problems, and (g) ecological risks. Limited resources and an abundance of risk factors interact to strengthen the barrier that prevents access to child and adolescent mental health treatment.

Empirical Support for Group Psychotherapy for Adolescents

In a journal reviewing 100 years of group research, the editor (Forsyth, 2000) concluded, "The scientific study of groups is only reaching its adolescence" (p. 4). According to Barlow, Burlingame, and Fuhrman (2000), child and adolescent group psychotherapy is typically subject to the least rigorous methodology. These methodologies have largely focused on behavioral symptoms change and are relatively narrow in scope.

The primary empirical support for group therapies and evidenced-based practices for the treatment of children and adolescents is derived from research studies that have evaluated groups focused on symptom-reduction which are specific, focused, and time-limited, or otherwise quite amenable to present research methodology and measures. Cognitive-behavioral group therapy has received the most empirical support across various symptoms (Erickson, Palmer, Achilles,

Classen, & Speigel, 2000) including social phobia, overanxious disorder, generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, depression, and self-harming behaviors (see Barrett, 1998; Hayward et al., 2000; Lewinsohn, Clarke, Rohde, Hops, & Seeley, 1996; March, Amaya-Jackson, Murray, & Schulte, 1998; Silverman et al., 1999; Thienemann, Martin, Cregger, Thompson, & Dyer-Friedman, 2001; Wood, Trainor, Rothwell, Moore, & Harringon, 2001).

The National Institute of Mental Health (1999) acknowledged the need for practice-oriented research when they identified it as a high priority for future funding. Following this report, the bridge between university-based clinical trials and community practice has received national concern (National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, 2001). As a result of this movement on behalf of children and adolescents, the primary focus has been on improving the effectiveness of mental health services offered in the community (Weisz & Jensen, 1999).

Qualitative research methods can enhance the body of research literature focusing on child and adolescent intervention strategies through its contribution to theory and hypothesis building (Nelson & Quintana, 2005). These methods highlight the importance of verbal analyses and exploration of participants' lived experiences, that is, personal experiences related to their understanding and interpretation of behaviors, patterns, and life situations. Qualitative methods can examine clinical processes, as well as the multitude of complexities inherent in the stage of adolescent development, which may not be captured through quantitative measures alone.

Current Conceptualization of Adolescent Group Work

In an article titled "Group Therapy and Interventions with Children and Adolescents," Erickson and Palmer (2004) write:

> Group therapy is unique because of a variety of processes inherent in this format, including: a recognition of the commonality of members' needs and conflicts, modeling of behaviors, assessment of social perceptions, normative peer support, interpersonal feedback, relationship development, reduced isolation, and enhanced self-esteem (p. 825).

In addition to examining group therapy processes, comprehensive attempts to understand or explain adolescent group work needs to differentiate between the types or classification of groups. Shechtman (2002) distinguishes between three types of groups: (a) educational or guidance groups, (b) counseling groups, and (c) therapy groups. Educational groups are identified as typical for primary prevention purposes and target the normal student population. Counseling groups target children and adolescents that struggle with developmental concerns such as social difficulties with peers and self-esteem issues. Therapy groups within the school setting target children and adolescents with severe behavioral, academic, and situational problems.

A slightly more comprehensive way to differentiate or classify adolescent group work was developed by Plante, Lobato, and Engel (2001). After completing their research with a pediatric population, they suggested that groups be classified according to the function and goal of the treatment group. They identified five primary types of group, with each group defined by its primary goals and treatment focus. Within these groups the targets of treatment are different within groups. The groups are classified as follows: (a) emotional support groups (primary goal is to enhance psychological adaptation by providing support), (b) psychoeducational groups (primary goal is to increase psychological adjustment by dissemination of information as well as discussion of psychological and social concerns), (c) adaptation/skill development groups (has

the dual goals of enhancing psychosocial adaptation and improving shared symptoms by increasing specific skills), (d) symptom reduction groups (exclusive goal is to reduce or eliminate symptoms through behavior change), and (e) summer camps (refer to residential or day programs for children with shared difficulties that engage in social recreational activities) (Plante et al., 2001).

Although some researchers have attempted to classify adolescent groups according to process, subject or function, there is no comprehensive theoretical model that informs the treatment approach of group psychotherapy for the adolescent population. The body of research literature for theoretical models of child and adolescent group therapy is in the early stage of development and evaluation. Current practice approaches toward adolescent group therapy find influence from adult theoretical models including cognitive, behavioral, dynamic, existential, and Rogerian. In addition to a wide range of theoretical approaches, group therapy for adolescents may incorporate intervention strategies from both individual and group modalities. In this heterogeneous mix of different theoretical approaches and modalities, the use of group therapy continues to be a common intervention in the mental health treatment of adolescents. The group format certainly lends itself readily to addressing the developmental needs and competencies relevant to adolescent development. However, practitioners are challenged as they struggle to arrive at an integrative theoretical model of group therapy that is sensitive to the unique developmental stage of adolescence.

Developmental Theory: The Underlying Construct in the Mental Health Treatment of Adolescents

Developmental theory takes into account the various biological, psychological, social, and environmental factors relevant to adolescent development. Any one or combination of these

variables has the potential to influence treatment outcome. Adolescent group therapy is conducted with an emphasis on group process, type of group (educational, counseling, therapy, etc.), or target of treatment (symptom reduction). Regardless of intervention emphasis, there should be an understanding of the underlying construct of adolescent developmental theory and the related tasks of development. This understanding will inform best intervention and treatment practices. Group therapy that is not sensitive to developmental implications will fail to grasp and appreciate the individual within his or her environment.

Research documents the pivotal role of peer relationships in mediating adolescents' psychosocial development and identity formation (see Erikson, 1963; Erikson, 1968; Harter, Marold, Whitesell, & Cobbs, 1996; Marcia, 1980; Markstrom, Sabino, Turner, & Berman, 1997). A particularly relevant theoretical framework for conceptualizing these issues, and subsequent implications for conducting group therapy with adolescents, is Erik Erikson's (1963) psychosocial theory of human development. Erikson's theory describes eight developmental stages through which an individual must pass beginning in infancy and spanning through late adulthood. Each stage presents a specific psychosocial crisis which an individual must successfully resolve or master in order to enter subsequent stages in a healthy manner, that is, healthy development is contingent on the individual's success with previous stages. Unsuccessful stage resolution or mastery leads to psychosocial problems and issues which an individual is likely to experience in a recurrent manner.

During adolescence (11-18 years) the youth is faced with the psychosocial crisis of Identity versus Role Confusion (Erikson, 1968). The primary developmental tasks for this stage are physical maturation, emotional development, peer group membership, interpersonal peer relations, and sexual relations (Erikson, 1968). The adolescent who successfully maneuvers

through this stage will experience a strong sense of group identity and a strengthening of his or her own identity while moving through the developmental process.

Reconceptualizing Adolescent Group Interventions and Treatment

The period of childhood and adolescence is replete with biological, psychological, social, and numerous other social contextual changes that make it difficult to arrive at a comprehensive theoretical model for child and adolescent group therapy. The works of Cicchetti (1993) and Toth and Cicchetti (1999) have proposed a developmental framework for intervention that takes into consideration developmental trends and reorganizations in relation to biological, psychological, and social systems. Furthermore, based on the knowledge that developmental competencies emerge and change over the course of development, Toth and Cicchetti (1999) emphasize the importance of intervention taking into consideration these evolving competencies. Catalano, Berglund, Ryan, Lonczak, and Hawkins (2002) support developmentally based strategies as well as attention to the role of families, schools, and communities for the promotion of positive youth development. They write:

> From this base, positive youth development approaches seek to promote healthy development to foster positive youth outcomes; focus "non-categorically" on the whole child; focus on the achievement of developmental tasks; and focus on interactions with family, school, neighborhood, societal, and cultural contexts. (Catalano et al., 2002, p. 10)

Thus, the reconceptualization of adolescent group therapy may need to include the use of families, schools and community as practitioners help adolescents to master the developmental challenges of the teen years.

Schools as a Potential Point for Intervention: Rationale and Benefits

The delivery of mental health services in the school setting addresses some barriers related to the access of mental health treatment for children and adolescents. The literature supports the effectiveness and influence of school intervention in the treatment of child and adolescent mental health problems (Hoagwood & Erwin, 1997).

Therapy conducted in a group format within the school setting has several advantages beyond the apparent practical considerations of economics and the time saving nature of having fewer clinicians intervene with more students. In a recent study conducted by Greenberg et al., (2001), the authors examined characteristics of successful prevention programs and made recommendations based on these characteristics for policy and practice in school and community-based prevention of childhood and adolescent psychopathology. According to the study, the following conclusions were made regarding best practices in prevention programming for children and adolescents growing up in high risk environments:

> ...short-term preventive interventions produce time limited benefits; preventive interventions are best directed at risk and protective factors rather than at categorical problem behaviors; interventions should be aimed at multiple domains, changing institutions and environments as well as individuals; prevention programs that focus independently on the youth are not as effective as those that simultaneously educate the youth and instill positive changes across both the school and home environments; there is no single program component that can prevent multiple high risk behaviors; for school age children, the school ecology should be a central focus of intervention; prevention programs will need to be integrated with systems of treatment; schools, in coordination with community providers, are a potential setting for the creation of fully-integrated models. (Greenberg et al., 2001)

Further support for the delivery of mental health services in the school setting comes from research showing that group therapy in a school setting is an effective intervention that aids in improving social interaction and coping skills (Edwards, Gfroerer, Flowers, & Whitaker, 2004), anger management (Lochman, Dunn, & Klimes-Dougan, 1993), and drug and alcohol prevention (Schaefer, 1999). Group therapy affords clinicians the opportunity to use specific interventions which may be difficult to implement solely through the use of individual therapy. For example, it effectively and efficiently furthers the capability of children to interact socially within an environment that fosters intimacy through interaction that is both familiar and non-threatening to them (Kymissis, 1996; Rose, 1998; Schaefer, 1999). This record of success for interventions provided in the school environment may be related to the developmental salience of peer group, school environment, and culturally relevant material.

Purpose for This Program Evaluation of a Group Therapy Pilot Study

The present research is a program evaluation of a group therapy pilot study conducted with middle school age students in an alternative school program located in a public educational setting. A major purpose for this work was to offer group therapy to students who otherwise would not have access to formal mental healthcare services outside of the school system. This program evaluation examines two hypotheses related to offering a group therapy program in an alternative school setting: (a) Student participation in a six-week therapy group focusing on primary psychosocial developmental competencies will impact the youth's development of adaptive skills or improve their adaptive functioning, and (b) maladaptive or clinical symptoms will decrease following participation in the six-week group therapy program focusing on primary psychosocial developmental competencies.

Chapter 2

Method

Participants

Participants for this study were students in an alternative school program within a suburban junior high school. They were placed in the program due to exhibiting behavioral and academic problems within their mainstream classes. The group was comprised of six adolescents (2 females and 4 males), ages 12 to 14 ($M = 13$, $SD = 0.89$), and between the seventh and eighth grades (3 seventh graders and 3 eighth graders). With the exception of one male of Hispanic descent, participants were Caucasian. One male participant (age 13) had a formal diagnosis of Attention Deficit Hyperactivity Disorder. No other student participant had a formal mental health diagnosis. Collectively, group members had a history of the following behaviors and academic difficulties including: verbal and physical aggression; oppositional and defiant behaviors; alcohol and substance abuse; poor emotional regulation; hyperactivity; walking out of the classroom; excessive absenteeism; truancy; multiple in-school and out-of-school suspensions; poor academic performance in areas of reading, writing, and math; and a history of receiving special education services. Other relevant variables that relate to the student participants include external risk factors. Collectively, known risk factors for these participants include: low socioeconomic status; divorce and separation of parents; frequent family relocation; exposure to family violence; negative parent-youth relationships; physical abuse; sexual abuse; rape; neglect; parental mental

illness; parental substance abuse; parental involvement with the legal system; and unsafe home environment.

Instruments and Materials

The Behavior Assessment System for Children, Second Edition (BASC-2). The BASC-2 (Reynolds & Kamphaus, 2004) is a paper and pencil based assessment system with an administration time of 10 to 30 minutes and is appropriate for use with children, adolescents, and young adults between the ages of 2 years through 25 years. The primary design uses are for evaluation, differential diagnosis, and treatment planning (Reynolds & Kamphaus, 2004). This study implemented components of the BASC-2 for three primary purposes: (a) evaluating of the behaviors, emotions, and self-perceptions of student participants through administration of the Self-Report of Personality scale, (b) collecting descriptions of the adolescent's observable behavior through administration of the Teacher Rating Scale, and (c) measuring aspects of behavior and personality, specifically, adaptive skills (positive attributes) and clinical symptoms.

Internal consistency reliability for the adolescent's (ages 12-14) Self-Report of Personality composites is .90 (.84-.96) with the consistencies of individual scales of .82 and .97 (.91-.97). For the Teacher Rating Scale, the mean internal consistency of scales is .88 (range = .81-.95) (Reynolds & Kamphaus 2004). Test-retest reliability for the Self-Report of Personality composite is .82 (.74-.84) with the scales at .75 (.61-.84), and .89 (.81-.92) for the Teacher Rating Scale composites with the scales at .81 (.64-.90) (Reynolds & Kamphaus, 2004). For intercorrelations validity, the structure of scales and composites was based on factor analyses of items and scales, and concurrent validity is evidenced through the tendency of groups of children with preexisting clinical diagnoses having distinct BASC-2 profiles (Reynolds & Kamphaus, 2004).

Group therapy curriculum. The six-week group therapy curriculum was largely based on and adapted from a group exercises manual for adolescents (Carrell, 2000). Manual chapters addressing developmental competencies related to peer and group membership, identity development, emotional development, sexuality, and family were incorporated into the six-week group program. For detailed information on each individual group session, see Appendix A.

Structured interviews. In addition to progress notes that were compiled following each group therapy session, qualitative information was gathered through several formats. On an individual basis postintervention, each student participant was administered a structured interview (see Appendix B). The alternative program school teacher was interviewed in an unstructured, open ended format postintervention. Progress notes were compiled following each group therapy session. For review of the transcribed structured student interviews and the teacher interview refer to Appendix C.

Procedure

BASC-2 preintervention. Preintervention measure using the BASC-2 Self Report of Personality was administered to the student participants in their alternative day school classroom one week prior to the start of the six-week group therapy program. Directions were read aloud to the participants as a group by one of the two group facilitators. One student with a formal diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) had difficulty completing the task on his own. He was separated from the group, placed in a separate area in the classroom, and a group facilitator read the assessment aloud to the participant while recording responses. During this classroom period, the alternative day school teacher was given the Teacher Rating Scale and asked to return it to one of the group facilitators within the next week.

Group sessions. Group therapy sessions were conducted for six consecutive weeks during the winter school trimester. The sessions began at 9:00 a.m., Monday mornings, and ran between 50 to 60 minutes in length within the alternative school program classroom. During each weekly session, group facilitators used rewards (chocolate candies or other sweets) to aid in facilitating and reinforcing positive group involvement.

Each group session involved components of educational, experiential, and verbal activities. The group sessions focused on primary psychosocial developmental competencies of adolescence including emotional development, membership in peer group, interpersonal peer relations, and sexual identification. Component developmental tasks including friendship, skill learning, self-awareness and evaluation, awareness of others, and engagement in team activities were also incorporated into group sessions.

Progress notes were collected following each group session. These notes were discussed on a weekly basis with a supervising psychologist. Information collected was examined for relevant themes, monitoring of each individual student participant, as well as group progress.

Qualitative interviews. One week following the final group therapy session (week seven), the facilitators met with the student participants as a group and briefly reviewed the session topics from the previous six weeks. This meeting lasted for about one half of an hour. Following the group debriefing, each student participant met individually with a facilitator to respond to a structured interview designed to elicit feedback on self-perceived as well as peer-perceived areas of growth or improvement (see Appendix B for structured interview). In addition to the student interviewing process during this postintervention week, the alternative program school teacher was interviewed in an open discussion format allowing for commentary on each of the student participants, as well as the group as a collective whole.

BASC-2 postintervention. Postintervention measure using the BASC-2 Self-Report of Personality was administered to the student participants in their alternative school classroom three weeks following the final group session. In a group format, directions were read aloud to the participants by one of the group facilitators. During this same period, the alternative day school teacher was given the Teacher Rating Scale and asked to have the scales completed and returned to the group facilitators within the next week. Of note: at this postintervention measure, two group participants, male (13) and female (12), were not available to complete the assessment. Due to external variables outside of the control of this study, the several attempts to obtain post assessment measures from these individuals were unsuccessful.

Chapter 3

Results

Data Analysis

BASC-2 Self-Report of Personality. The frequency total with which student participants reported score improvement, decline, or no change in the collective areas of clinical symptoms and adaptive functioning measured on the BASC-2 Self-Report of Personality postintervention is as follows: 26 improved; 47 declined; and 11 had no change (see Table 1). The majority of students endorsed a decline in 11 out of 15 clinical dimensions measured by the BASC-2 including areas of: attitude to teacher; school problems; atypicality; locus of control; social stress; sense of inadequacy; somatization; internalizing problems; attention problems; hyperactivity; and inattention/hyperactivity.

The frequency with which student participants reported an increase in aspects of behaviors and personality that comprise the adaptive dimensions measure of the BASC-2 was greater than either category of decline or no change. Results show improvement in all five adaptive skill areas including; relations with parents; interpersonal relations; self-esteem; self-reliance; and personal adjustment. In sum, the frequency with which student scores declined was greater on the measures of clinical symptoms, while the frequency with which student scores improved in areas of adaptive functioning was greater.

BASC-2 Teacher Rating Scale. The frequency total with which the alternative school program teacher reported score improvement, decline, or no change in observable behaviors

Table 1

The frequency with which student BASC scores got better, worse, or saw no change over the six weeks of therapy.

Score Name	Improve	Decline	No Change
Attitude to School	1	1	2
Attitude to Teacher	1	3	0
Sensation Seeking	2	2	0
School Problems	1	3	0
Atypicality	0	3	1
Locus of Control	1	3	0
Social Stress	1	3	0
Anxiety	2	2	0
Depression	2	2	0
Sense of Inadequacy	1	3	0
Somatization	1	3	0
Internalizing Problems	0	2	2
Attention Problems	1	2	1
Hyperactivity	0	3	1
Inattention/Hyperactivity	0	4	0
Emotional Syptoms Index	1	3	0
Relations with Parents	2	1	1
Interpersonal Relations	3	1	0
Self Esteem	2	1	1
Self Reliance	2	1	1
Personal Adjustment	2	1	1
Total	26	47	11

Note: $n = 4$

measured on the BASC-2 Teacher Rating Scale of the student participants postintervention is as follows: 33 improved; 68 declined; and 19 had no change (see Table 2). The teacher reported a decline in student behaviors for 7 out of the 13 clinical dimensions measured on the Teacher Rating Scale including: hyperactivity; anxiety; somatization; internalizing problems; learning problems; school problems; and atypicality. Among measures of positive psychological skills, functional communication was the sole area of adaptive functioning where frequency of improvement was greater than either category of decline or no change. Functional communication is the ability to communicate thoughts and feelings in a manner understandable to others (Reynolds & Kamphaus, 2004).

Structured interview: Student. Responses from the individual structured interview portion of the qualitative assessment found responses related to themes in the areas of self- awareness and evaluation, awareness of others, interpersonal peer relationships and empathy, and general adjustment. These areas are all relevant to increased adaptive functioning and skill acquisition. Participant responses also reveal an awareness of clinical symptoms; however, themes of improvement or resolution are not prevalent.

Responses related to self-awareness and evaluation include: "...different now because I was more angry when we started"; "kids want to be my friend because I look cool and have a good sense of humor"; "I learned that I can say not nice things sometimes"; "...want to change feeling so bad (response queried) I get down a lot"; "...I just don't like teachers (query) they suck (query) real bad"; "I learned I do some pretty weird shit to freak people out (query) like eat bugs and put things in my nose, you know"; "I'm out of control man (query) I get in trouble everyday for stupid stuff (query) yelling, sleeping in class, or being too late for this dumb ass class"; and "I got smarter (query) not laugh at dumb things."

Table 2

The frequency with which Teacher Rating Scale (TRS) scores for six participating children got better, worse, or saw no change over the six weeks of therapy.

Score Name	Improve	Decline	No Change
Hyperactivity	1	5	0
Aggression	2	2	2
Conduct Problems	3	3	0
Externalizing Problems	3	3	0
Anxiety	0	5	1
Depression	3	3	0
Somatization	2	3	1
Internalizing Problems	1	5	0
Attention Problems	3	3	0
Learning Problems	1	5	0
School Problems	1	4	1
Atypicality	1	5	0
Withdrawal	2	2	2
Behavioral Symptoms Index	1	4	1
Adaptability	2	2	2
Social Skills	2	3	1
Leadership	1	3	2
Study Skills	0	4	2
Functional Communication	3	1	2
Adaptive Skills	1	3	2
Total	33	68	19

Note: $n = 6$

Awareness of others was another area in which student participants provided more elaborate responses. Some responses regarding what participants believed changed in other group members and what they learned about members include: "…was getting more immature (query) she just wants attention"; "…was getting more mature (query) he stopped making fun of us"; "…he picked on us because he got picked on, he shouldn't do that"; "…had more focus"; "that dude's just sad man (response queried) he doesn't look happy"; "he doesn't look high (response queried) forget I said that, are you really writing this down"; "she needs puberty (query) to mature (query) to take her anger out on her dad, not us."

Findings supported a change in the area of interpersonal peer relations and empathy among group members. Some relevant responses include: "…when I first started I was the total opposite of everyone, now I fit in"; "…more confidence (query) get to know guys and other people"; "…yeah we know each other now, and I still think they're not cool"; "…learned more about each other (query) I understand their feelings better"; "…it's ok to just talk to people (query) it's just talking, no big deal"; "…he's cool, I know why he's sad (query) my parents are fucked up too"; "...now that I know why he picks on me, I guess I won't take it too personally (query) no I changed my mind"; and "…it's fun to listen to music other kids like (query) I didn't think they would like the same music as me."

The final theme evidenced through the structured interview is that of general adjustment. Some response patterns relevant to this area include: "…I would have been expelled if I said everything I wanted to (query) I learned not to say things to my teacher that would get me into trouble"; "…just talking calms me down during the day"; "…listening to music and doing activities helps me stay out of trouble"; "…make smarter choices in school (query) like sports";

"...I'm more street smart (query) don't do dumb things when walking down the street (query) like laughing at others' wrong stuff."

Interview: Teacher. Themes related to adaptive functioning and skills evidenced through the teacher interview include improved communication and enhanced interpersonal relations. This was evidenced by report of improved self-awareness and evaluation skills among group participants. Supporting teacher comments include: "...he's more aware of the behaviors that can get him into trouble, he has more self-control"; "...working one on one, he's a pleasure to be with"; "...she really valued the time she spent with the girls in the group"; "...she got something out of talking to others, and now she opens up more and is better at self-reflection (query) understands how to better relate to the other kids"; "...has improved since group (query) is more aware of proper choices and weighs consequences before doing something"; "she started keeping a journal since the start of group (query) just reflecting on life I guess."

The teacher reported a theme of general decline in behaviors among the student participants at postintervention. Clinical symptoms most referred to by the teacher included inattention, hyperactivity, internalizing problems, atypicality, and conduct problems. Relevant interview responses are as follows: "...he can turn the focus on when needed, but mostly doesn't"; "...attention is pretty limited, and he still tends to wander around the classroom"; "it has become more apparent and ingrained in him he's an oddball, so now he lives up to it"; "he thinks everything is either boring or gay, he's taken apathy to a whole new level"; and "...I think she became more outwardly defiant (query) refusing to do work."

Group progress notes. Progress notes from the six-week group therapy program support several themes that parallel other findings. Notes indicate improvement in adaptive functioning within areas of peer and adult (group facilitators) relations, self-evaluation and awareness skills,

and peer group membership. Notes reveal an additional area of specific growth related to empathic skill development. There was an increase in the amount of empathic comments made and shared among student participants evidenced from week one of the study through week six. Comments included verbal expressions of support, encouragement, understanding, and expression of feelings when relating to group members and facilitators.

Chapter 4

Discussion

The first hypothesis, that student participation in the six-week therapy group focusing on primary psychosocial developmental competencies would have a positive impact on adaptive functioning, was supported. This was evidenced by student and teacher reports of improvement in areas of self-awareness and evaluation, awareness of others, empathy, and interpersonal peer relationships among group participants. The second hypothesis of this program evaluation was not supported by research results. Clinical symptoms, as measured by the BASC-2, did not improve following student participation in the six-week therapy program.

Findings from the present study are consistent with the research literature that examines positive youth development programs, adolescent resiliency, and intervention approaches focusing on protective processes (Bowen & Flora, 2002; Catalano et al., 2002; Kumpfer & Alvarado, 2003; Masten, 2001). Specifically, previous research has identified the salient and long-term impact of interventions designed to strengthen the protective factors and adaptive skills of high-risk adolescents. The intervention in the study was correlated with an improvement in some protective factors which may be an initial step toward an improvement in functioning and ultimate reduction in mental healthy symptoms.

The tension between risk and protective factors is evident in the foundational framework for positive youth development which is supported by developmental theories that are sensitive to specific developmental tasks, challenges, and the competencies necessary to achieve them

during relevant stages of growth—infancy, childhood and adolescence for example (Catalano et al., 2002). Additionally, this approach incorporates the "Person-In-Environment" perspective which highlights the presence of the risk and protective factors that are embedded in the socializing influences of caregivers, the school system, community, and relations with peers and adults for child and adolescent development (Bronfenbrenner, 1979). Adolescent development is largely influenced by social and environmental factors which positive youth development advocates suggest are essential to accomplishing developmental tasks.

Research studies conducted on resiliency processes in child and adolescent development suggest that the occurrence of resilience is common and stems from normative human functioning related to adaptation and protective systems (Masten, 2001). Furthermore, proponents of resiliency research suggest that healthy human development is mostly threatened by those risk factors that undermine adaptive and protective systems and processes. Risk factors such as prenatal substance exposure, negative parent-child relationship, poor attachment, regulations of emotion and behavior, low IQ, low socioeconomic status, exposure to family violence, physical abuse, sexual abuse, neglect, parental mental illness, parental substance abuse, developmental delays, and motivation for learning and engaging in the community and environment, and so forth, have varying degrees of effect on the adaptive systems and protective processes of adolescents (Bowen & Flora 2002). A relevant implication for this present group therapy program evaluation, which in conjunction with research literature surrounding positive youth development and resiliency, is that targeting protective factors in approaching adolescent mental health treatment is a valid and potentially effective intervention strategy.

The present group therapy pilot study achieved relative success in focusing on the enhancement of primary developmental psychosocial skills and competencies for student

participants. This result parallels research that supports a correlation between the enhancement of protection and improvement in functioning following an intervention that targeted protective factors and processes (Bowen & Flora, 2002). However, as these authors followed their adolescents over time, a second finding emerged. Specifically, they found that among their population of high-risk adolescents, who were struggling with aggressive behaviors, fostering social skills directly, that is, promoting anger management, empathy development, and friendship skills, ultimately correlated with a reduction in aggression over a period of time. If we were able to follow the adolescents in this study for a longer period of time, they may have shown a similar reduction in aggressive behavior.

Acquisition of fundamental skills, not formerly held by adolescent youth, may be a necessary precursor to a reduction in clinical symptomatology as well as an increase in overall adaptive functioning. This occurrence has implications for discussion related to the present study's finding that student participants did not improve in clinical symptomatology following their involvement in the six-week group therapy intervention. Group therapy that targets strengthening of developmental skills and competencies, and protective factors, may not directly address problematic behaviors or symptoms manifested by adolescents. As a result, and in the case of this study, an increase in adaptive functioning may be the initial or more immediate clinical response to the intervention. Effectiveness of the intervention regarding a reduction in clinical symptoms should not, however, be discounted in light of the knowledge that increasing adaptive functioning is likely a predictor of behavioral improvement over a period of time.

From a clinical vantage point, the client's problematic behaviors and symptoms often intensify before they reach a point of stabilization or improvement. A six- to twelve-month

postintervention assessment of clinical symptoms would be needed in order to test this assumption. This study did not utilize such long-term follow-up measures.

Limitations

Generalization of the findings of this group therapy pilot research is limited by the study's sample design and size. The sample design did not utilize a random assignment method, and student participants comprised a heterogeneous group. In addition to these considerations, other shortcomings relevant to the present research deal with intervention duration and use of long-term follow-up measures. Any potential for change in the areas of adaptive functioning and clinical symptoms is limited by a six-week dosage of a group therapy intervention. Furthermore, in the absence of longer-term postintervention follow-up measures, there is tremendous challenge in arriving at empirical implications and conclusions regarding the interplay of adaptive functioning/skills and clinical symptoms and behaviors. Limitations from this current study hold implication for future research within this area of inquiry.

Future Research

The body of literature supports mental health intervention programs that target common risk factors while promoting protection and adaptive skills for children and adolescents. There is a need to further explore the implications of placing an emphasis on strategies to decrease behavioral symptoms versus reinforcing and developing adaptive skills in adolescent youth development. In this vein, future studies will have to incorporate long-term follow-up measures in order to assess whether improvement in adaptive skills and functioning will lead to behavior change or symptom reduction. Additionally, this body of research should incorporate measures that assess levels of developmental competence and processes of participants at long range

intervals following intervention, particularly with those interventions that are employed from a developmental theoretical frame of reference.

The integral importance of familial, social, school, community and environmental factors in the lives and development of children and adolescents has been underscored within the research literature. Research studying models of comprehensive mental health service approaches should weigh the benefits of including these various domains and resources in service provision as well as strive to measure outcomes within these specific domains. In consideration of the amount of time youth spend within the school setting, future exploratory work might consider the school system as the central connecting point for mental health prevention, intervention, and treatment services.

Summary

There are solutions to the need for intervention and treatment services for many children and adolescents who struggle with mental health problems. The central tasks of education and peer group identification for child and adolescent development make the school system environment a likely focal point for service provision and for connecting various resources relevant in the lives and development of our youth.

This program evaluation examined a six-week group therapy pilot study focusing on primary psychosocial developmental competencies. The intervention was offered within an alternative program in a middle school for adolescents struggling with behavioral and academic problems. Research findings at the end of the group therapy program support improvement in participant adaptive functioning and skills while no significant improvement was evidenced in clinical symptomatology.

As the student participants mastered developmental challenges and acquired fundamental skills previously not held, measures assessing adaptive functioning and skill attainment found positive change and improvement. Relevant interpretations supported by the body of research literature and findings related to the evaluation of clinical symptoms in this study are as follows: (a) Acquisition of adaptive skills are potentially a precursor to reduction in clinical symptomatology; (b) in the instance that the first interpretation is accurate, had the study utilized longer-term measures, a reduction in clinical symptoms may have been evidenced; or (c) the present study's intervention did not effectively target clinical symptoms among the student participants.

Group therapy interventions that focus on primary psychosocial competencies and that are grounded in developmental theory have potential for improving adaptive functioning and skills among adolescent youth. Furthermore, this study has supported the position that schools are a viable and effective conduit through which developmental competencies and central tasks of adolescents may be addressed. The school system is a valuable resource which has largely gone untapped for its potential in organizing comprehensive child and adolescent mental health services in our communities.

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Appendix A

Group Therapy Sessions

Group Therapy Sessions

Various group sessions are based on or adapted from: Carrell, S. C. (2000), *Group Exercises for Adolescents: A manual for Therapists*, Second Edition

SESSION 1: A FAVORITE SONG

TARGETED PSYCHOSOCIAL DEVELOPMENTAL COMPETENCIES:

Major: self-awareness and evaluation; awareness of others; emotional development; interpersonal peer relations.

Minor: team play; friendship; and membership in peer group

OBJECTIVES:

1. Self-disclosure by sharing a favorite song, and
2. Increase self-awareness and awareness of others through explaining what they like about a song and how it is self-descriptive.

MATERIALS:

1. CD player, and
2. Variety of contemporary music (pop; rock; metal; alternative; rap; hip-hop; R&B; and classical) provided by the group facilitator.

METHOD:

Each group member has the opportunity to choose and share a favorite song in round-robin fashion. Group members listen to the song before they share what they like about it and what it says about him or her (how it is self-descriptive). Feedback and discussion from group members and facilitators follow.

SESSION 2: INCOMPLETE SENTENCES

TARGETED PSYCHOSOCIAL DEVELOPMENTAL COMPETENCIES:

Major: self-awareness and evaluation; awareness of others; emotional development.

Minor: dyad and team play; friendship; interpersonal peer relations; and membership in peer group.

OBJECTIVES:

1. Self-disclosure by completing unfinished sentences, and
2. Increase self-awareness and awareness of others by completing unfinished sentences first in a dyad and then in a group format.

MATERIALS:

1. Unfinished sentences (cut from xerographic copies of pgs. 73-79 found in the Carrell manual, 2000), and
2. Containers in which to place the unfinished sentences.

METHOD:

Group members are first paired and asked to complete unfinished sentences with another while group leaders float around to facilitate conversation among the dyads. Next, members come together as a group and in round-robin fashion complete sentences. Group leaders facilitate discussion following disclosures.

SESSION 3: RELATIONSHIPS BETWEEN BOYS AND GIRLS

TARGETED PSYCHOSOCIAL DEVELOPMENTAL COMPETENCIES:

Major: opposite sex relationships; awareness of others; emotional development.

Minor: self-awareness and evaluation; friendship; interpersonal peer relations; and membership in peer group.

OBJECTIVES:

1. Engage in discussion with same sex peers.
2. Compile a list of questions for opposite-sex peers about dating and relating,
3. Enhance sense of belonging and cohesion with same sex group members, and
4. Increase awareness of opposite-sex perspectives.

MATERIALS:

1. Pens and pencils,
2. Index cards, and
3. Two letter sized envelopes.

METHOD:

At the start of group session, boys and girls are separated and asked to write out questions for their other-sex peers to answer about dating and relating. The questions are gathered by group facilitators and placed in separate envelopes. Next, the boys sit in a circle on the floor while the girls sit on chairs behind them. The boys take turns answering the girls' questions from the envelope while the girls listen quietly. Questions are read aloud, discussed, and answered. When the last question is answered, the boys and girls change places and the girls have an opportunity to answer the boys' questions while the boys listen. At the end of the activity, group facilitators lead discussion surrounding gender preconceptions, sensitivity, and awareness.

SESSION 4: CHARACTER STRENGTHS

TARGETED PSYCHOSOCIAL DEVELOPMENTAL COMPETENCIES:

Major: awareness of others; self-awareness and evaluation; emotional development; interpersonal peer relations; membership in peer group.

Minor: team play.

OBJECTIVES:

1. Make a list of positive traits and character strengths,
2. Practice empathic skills by giving and receiving feedback,
3. Create a sense of belonging in this group, and
4. Explore benefits of belonging to this supportive group.

MATERIALS:

1. Marker board and markers,
2. Pens and pencils,
3. Paper,
4. Plastic hollowed "eggs" in which to place papers, and
5. Chocolates and various candies.

METHOD:

Group members, with the guidance of group facilitators, brainstorm a list of positive traits and character strengths that are written on a marker board. This is followed by guided discussion. Next, each group member is asked to write two to three personal strengths on pieces of paper that are placed in the hollowed out "eggs." Facilitators collect the "eggs" and place into them various candy treats before setting them onto the middle of a table. In round-robin fashion,

members choose an "egg" and read the strengths aloud. Members have the opportunity to guess who the "egg" is describing. Facilitators guide discussion for major targeted competencies.

SESSION 5: FAMILY MATTERS

TARGETED PSYCHOSOCIAL DEVELOPMENTAL COMPETENCIES:

Major: team play; membership in peer group; interpersonal relations.

Minor: awareness of others; self-awareness and evaluation; and emotional development.

OBJECTIVES:

1. Members express a positive and negative family memory by drawing a happy and unhappy memory,
2. Memories are shared and discussed in group,
3. Reflect on and reinforce something positive about their family, and
4. Enhance a sense of belonging, group bonding and membership.

MATERIALS:

1. Large sheets of drawing paper, and
2. Colored markers.

METHOD:

Each member is asked to divide his or her drawing paper in half by drawing a line down the middle. Members draw a happy family memory and unhappy family memory. Drawings are shared with the group and each member has the opportunity to explain their work. Facilitators help normalize family dynamics, specifically, all families experience positive and negative events.

SESSION 6: GROUP SESSION REVIEW AND NOTES TO A FRIEND

TARGETED PSYCHOSOCIAL DEVELOPMENTAL COMPETENCIES:

Major: interpersonal peer relations; membership in peer group; emotional development; self-awareness and evaluation; awareness of others.

Minor: team play.

OBJECTIVES:

1. Brief review of previous group sessions,
2. Group members will think of something they would like to share with each individual group participant and write it on an index card,
3. Practice empathic skills by sharing personal experience and receiving feedback from group members, and
4. Practice interpersonal relationship skills by openly engaging in discussion related to giving and receiving feedback from group members.

MATERIALS:

1. Pens and pencils,
2. Index cards, and
3. Four letter size envelopes.

METHOD:

Group facilitators briefly review the previous five weeks related to group content, processes, and session themes. Following, each group member is given index cards and a pen or pencil. Members are asked to write something they would like to share with each individual in the group on an index card. Facilitators collect all index cards, sort, and place them accordingly into separate envelopes labeled by member name. Members are handed their envelopes. Each

member reads what has been written aloud, and then shares his or her experience of the message. Following, other students have the opportunity to respond. Facilitators guide discussion with specific sensitivity to empathy building and peer relations.

Appendix B

Structured Interview

Structured Interview

1. What did you learn about yourself?
2. What do you notice is different about you now than when we first started group?
3. What would you like to change or improve about yourself?
4. What are some reasons why somebody would like to be your friend?
5. What did you learn about the other members in the group?
6. What did you see change in other group members?
7. How are you like other group members? How are you different than other group members?
8. In what new or different ways do you relate to the others in the group?
9. What activities do you remember? Why?
10. What did you learn in group that helped you stay out of trouble?
11. How did the things we do in group help you outside of group?

Appendix C

Transcribed Structured Interviews

Student 1: Male (age 12)

1. What did you learn about yourself?

   Student 1: "I learned I do some pretty weird shit to freak people out.

   Examiner: "Can you tell me more about that?"

   Student 1: "Like eat bugs and put things in my nose, you know."

2. What do you notice is different about you now than when we first started group?

   Student 1: "I'm taller."

   Examiner: "What else?"

   Student 1: "Nothing."

3. What would you like to change or improve about yourself?

   Student 1: "Nothing."

   Examiner: "Besides nothing, what else?

   Student 1: "I'd like to play sports like my brother, that's it."

4. What are some reasons why somebody would like to be your friend?

   Student 1: "Kids want to be my friend because I look cool and have a good sense of humor."

5. What did you learn about the other members in the group?

   Student 1: "Student 3 picked on us because he got picked on, he shouldn't do that. He's an asshole. Student 3 doesn't look high."

   Examiner: "Look high?"

   Student 1: "Forget I said that, are you really writing this down?"

   Examiner: "What else did you learn?"

   Student 1: "Student 2 now wears baggy pants."

6. What did you see change in other group members?

Student 1: "Student 4 got fatter."

Examiner: "And the others?"

Student 1: "I don't know. How many more questions do you have?"

Examiner: "Just a couple more, you're doing a good job."

7. How are you like other group members? How are you different than other group members?

Student 1: "I'm like student 3 because he likes baseball. My brother plays baseball too. We all got together one weekend and hung out."

Examiner: "Sound like fun. Tell me how you are like some other group members?"

Student 1: "I'm not, well…, yeah we know each other now, and I still think they're not cool."

Examiner: "How are you different than other group members?"

Student 1: "I don't suck."

Examiner: "What else?"

Student 1: "I get in trouble a lot."

Examiner: "Tell me more about that."

Student 1: "No way, I think you know all about that."

8. In what new or different ways do you relate to the others in the group?

Student 1: "I don't care about student 2 as much."

Examiner: "Give me some reasons?"

Student 1: "Well, I don't know."

Examiner: "And one more reason?"

Student 1: "Because now that I know why he picks on me, I guess I won't take it too personally."

Examiner: "Personally?"

Student 1: "No I changed my mind."

9. What activities do you remember? Why?

Student 1: "Listening to CDs. I like music."

10. What did you learn in group that helped you stay out of trouble?

Student 1: "Let me think… listening to music and doing activities helps me stay out of trouble."

Examiner: "What kinds of activities?"

Student 1: "All kinds."

Examiner: "What helped you stay out of trouble?"

Student 1: "I know the teachers."

Examiner: "You do?"

Student 1: "Yeah…, I just don't like teachers."

Examiner: "Tell me why?"

Student 1: "They suck."

Examiner: "They suck?"

Student 1: "Real bad."

11. How did the things we do in group help you outside of group?

Student: "I bought a CD the other day."

Examiner: "That's nice. What kind?"

Student: "CD X, the one I chose in group."

Student 2: Male (age 13)

1. What did you learn about yourself?

   Student 2: "I learned that I can say not nice things sometimes."

2. What do you notice is different about you now than when we first started group?

   Student 2: "I'm cooler. And I don't care."

   Examiner: "How are you cooler?"

   Student 2: "I don't care about what the other kids say about me. They're dumb."

3. What would you like to change or improve about yourself?

   Student 2: "Not much."

   Examiner: "Nice. Sounds like you don't have too far to go then. So what would you like to change?"

   Student 2: "I want to change feeling so bad."

   Examiner: "What's that like?"

   Student 2: "I get down a lot."

4. What are some reasons why somebody would like to be your friend?

   Student 2: "I don't know… I'm cool."

5. What did you learn about the other members in the group?

   Student 2: "Student 4 was getting more immature."

   Examiner: "Tell me how?"

   Student 2: "She just wants attention."

   Examiner: "What about the others?"

   Student 2: "Student 3 was getting more mature."

   Examiner: "Tell me how."

Student 2: "He stopped making fun of us."

6. What did you see change in other group members?

Student 2: "I don't know."

Examiner: "Can you give me one example?"

Student 2: "No."

7. How are you like other group members? How are you different than other group members?

Student 2: "I'm not like them."

Examiner: "Well… who is the member most like you?"

Student 2: "You are."

Examiner: "Can you tell me why?"

Student 2: "You think about things. You ask me good questions."

Examiner: "How are you different than other group members?"

Student 2: "I'm not stupid."

Examiner: "How else?"

Student 2: "I'm not dumb."

8. In what new or different ways do you relate to the others in the group?

Student 2: "I don't know… well, it's ok to just talk to people."

Examiner: "Talking is good."

Student 2: "It's just talking, no big deal."

9. What activities do you remember? Why?

Student 2: "Music."

Examiner: "Why music?"

Student 2: "It's fun to listen to music other kids like."

Examiner: "What's the best part?"

Student 2: "I didn't think they would like the same music as me."

10. What did you learn in group that helped you stay out of trouble?

Student 2: "Getting to know the counselors."

Examiner: "Can you tell me more about that?"

Student: "They just helped."

11. How did the things we do in group help you outside of group?

Student 2: "I don't know… I'm more street smart."

Examiner: "Give an example."

Student 2: "Don't do dumb things when walking down the street."

Examiner: "Dumb things?"

Student 2: "Like laughing at others' wrong stuff."

Student 3: Male (age 14)

1. What did you learn about yourself?

   Student 3: "I'm out of control man."

   Examiner: "What does that mean?"

   Student 3: "I get in trouble everyday fro stupid stuff."

   Examiner: "Stupid stuff, like what?"

   Student 3: "Yelling, sleeping in class, or being too late for this dumb ass class."

2. What do you notice is different about you now than when we first started group?

   Student 3: "I got smarter."

   Examiner: "Tell me how."

   Student 3: "Not laugh at dumb things."

3. What would you like to change or improve about yourself?

   Student 3: "I'd like to get a job."

   Examiner: "What would you be good at?"

   Student 3: "I'd manage a baseball team… or sell something."

4. What are some reasons why somebody would like to be your friend?

   Student 3: "I'm funny."

5. What did you learn about the other members in the group?

   Student 3: "Some things… learned more about each other."

   Examiner: "Sure, like what types of things did you learn?"

   Student 3: "I understand their feelings better."

   Examiner: "Give some examples."

   Student 3: "Student 2."

Examiner: "That's his name."

Student 3: "That dude's just sad man."

Examiner: "Sad?"

Student 3: "He doesn't look happy."

6. What did you see change in other group members?

Student 3: "Student 4 got madder."

Examiner: "Tell me more."

Student 3: "She needs puberty."

Examiner: "I don't understand."

Student 3: "To mature."

Examiner: "In what way?"

Student 3: "To take her anger out on her dad, not us."

7. How are you like other group members? How are you different than other group members?

Student 3: "Student 2… he's cool, I know why he's sad."

Examiner: "Sounds like you understand him."

Student 3: "My parents are fucked up too."

Examiner: "Yeah, sometimes adults can mess up big time."

Student 3: "I know. I don't care."

8. In what new or different ways do you relate to the others in the group?

Student 3: "I just have fun."

Examiner: "With the group members?"

Student 3: "I guess so."

9. What activities do you remember? Why?

   Student 3: "The big groups and the topics."

   Examiner: "I'm not sure what you mean."

   Student 3: "I liked it all."

10. What did you learn in group that helped you stay out of trouble?

    Student 3: "I learned that just talking calms me down during the day."

    Examiner: "Anything else?"

    Student 3: "That you and facilitator 2 work with people that have problems with drugs. And I stay focused if I try."

11. How did the things we do in group help you outside of group?

    Student 3: "Helped me make smarter choices in school."

    Examiner: "Can you give an example?"

    Student 3: "Like sports."

Student 4: Female (age 14)

1. What did you learn about yourself?

   Student 4: "I was angry."

   Examiner: Angry?

   Student 4: "Yeah, but now not as angry."

2. What do you notice is different about you now than when we first started group?

   Student 4: "I'm different now because I was more angry when we started."

3. What would you like to change or improve about yourself?

   Student 4: "Not be as angry."

4. What are some reasons why somebody would like to be your friend?

   Student 4: "I don't know."

   Examiner: "What are some things you're good at?"

   Student 4: "I like drawing… and I guess I can be funny sometimes."

   Examiner: "Kids like to laugh, right?"

   Student 4: "Yeah, I can make some people laugh."

5. What did you learn about the other members in the group?

   Student 4: "Student 5 has a good time."

   Examiner: "Sound like she enjoys life."

   Student 4: "Yeah, she gets to hang out and stuff."

6. What did you see change in other group members?

   Student 4: "Student 1 had more focus."

   Examiner: "Can you tell me more about that?"

   Student 4: "He listened more during group."

Examiner: "What about outside of group?"

Student 4: "Nope."

7. How are you like other group members? How are you different than other group members?

Student 4: "Well… when I first started I was the total opposite of everyone, now I fit in."

Examiner: "Can you tell me how?"

Student 4: "I made friends."

8. In what new or different ways do you relate to the others in the group?

Student 4: "I have more confidence."

Examiner: "How does having more confidence help?"

Student 4: "Get to know guys and other people."

9. What activities do you remember? Why?

Student 4: "Listening to music. It's fun."

Examiner: "What other activities do you remember?"

Student 4: "Hanging out with the people."

10. What did you learn in group that helped you stay out of trouble?

Student 4: "Don't do drugs."

11. How did the things we do in group help you outside of group?

Student 4: "In class."

Examiner: "Tell me how."

Student 4: "Well… I would have been expelled if I said everything I wanted to."

Examiner: "Expelled for saying things?"

Student 4: "I learned not to say things to my teacher that would get me into trouble."

Student 5: Female (age 12): Unavailable for interview

Student 6: Male (age 13): Unavailable for interview

Teacher Interview:

Commentary on Individual Students

Student 1: Male (age 12):

Teacher: "He's more aware of the behaviors that can get him into trouble, he has more self-control. He gets along fine with all of the kids except student 2. When working one on one, he's a pleasure to be with. You know, he can turn the focus on when needed, but mostly doesn't."

Student 2: Male (age 13):

Teacher: "It has become more apparent and ingrained in him he's an oddball, so now he lives up to it."

Examiner: "What do you mean by oddball?"

Teacher: "He thinks everything is either boring or gay, he's taken apathy to a whole new level."

Examiner: "Well, boring is a common term thrown around by the kids. Are there any other behaviors you can comment on?"

Teacher: "He tends to repeat things, like what other kids say, over and over again. The other kids think it's pretty off, so do I. And he has a tendency to wander around the classroom."

Student 3: Male (age 14):

Teacher: "His attention is pretty limited, and he still tends to wander around the classroom. He often plays dumb, but does know what he should be doing in class. You know, he would like to be the "dumb jock" guy."

Student 4: Female (age 14):

Teacher: "I think she became more outwardly defiant."

Examiner: "In what ways?"

Teacher: "Refusing to do work. She is also kind of a "social outcast."

Examiner: "Did her 'social outcast' status, as you say, change during the course of group?"

Teacher: "Well, she really valued the time she spent with the girls in the group."

Examiner: "How so?"

Teacher: "I think she got something out of talking to others, and now she opens up more and is better at self-reflection."

Examiner: "Again, how do you notice this?"

Teacher: "She understands how to better relate to the other kids."

Examiner: "Sounds like group may have helped with her positioning among the other kids?"

Teacher: "Yeah, I guess so."

Student 5: Female (age 12):

Teacher: "She has been generally well behaved in class, and has improved since group."

Examiner: "In what ways has she improved?"

Teacher: "She is more aware of proper choices and weighs consequences before doing something. She started keeping a journal since the start of group.

Examiner: "Are you aware of the content or theme of the journal?"

Teacher: "Just reflecting on life I guess."

Student 6: Male (age 13):

Teacher: "He's really never here. But when he does come to class, he usually just

sits and doesn't do much."

Examiner: "Have you noticed any changes at all in his behaviors or attitude since his participation in group?"

Teacher: "No, I can't say that I have. He really doesn't get into it like the other kids do. He mostly keeps to himself."

Examiner: "What do you think that's about?"

Teacher: "Probably just daydreaming about being at home."

Commentary on Collective Group

Teacher: "Generally, as a whole they've evolved throughout the year and this group program. But I would not characterize this classroom as a positive experience."

Examiner: "Can you tell me more about your thoughts on this matter."

Teacher: "Well it's pretty simple. You got a bunch of kids in here that are unmotivated to learn and have a bunch of problems outside the classroom."

Examiner: "What kind of problems?"

Teacher: "Well, Student 6 for example, why his mother lets him skip school and stay home as much as she does is a wonder to me. And we know that some of these kids have parents that are using, not really good role models. And some of these twelve and thirteen year old girls have eighteen and nineteen year old boyfriends! Obviously they're getting things from them."

Examiner: "I agree, how do we help these kids?"

Teacher: "I don't know. But this classroom needs to be rethought."